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Roster of Editorial Board appears in this issue at beginning of California Medical Association department. (For page number of C.M.A. department, see index below.)

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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

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EDITORIALS

HIGH COSTS OF SERIOUS ILLNESS OR INJURY—ARE THEY NOT, ABOVE ALL ELSE THE HOSPITALIZATION EXPENSES?

Some Premises and Conclusions Regarding Psychologic and Other Reactions to Hospitalization Costs.—On some things, today, referring to costs of unforeseen illnesses and injuries, lay citizens and physicians are or should be agreed. Included among such factors may be mentioned:

(a) The expense of care for unpredictable illness often brings financial impoverishment to many families belonging to middle class or lower income groups;

(b) Present-day expenses are in very good part the result of existing systems of medical practice; in which, in order to provide a better quality of medical care, sick and injured persons are promptly sent to hospitals for treatment instead of being served in their homes, as in former years.

(So much have Americans changed in this respect, that even childbirth is now construed to be an event that should take place in a hospital, rather than in a home environment.)

(c) Physicians today, in metropolitan, and also in large and small cities and communities, carry on their major work in and under hospital conditions. Citizens have accepted this change, and rarely object when it is advised that they need hospital care for their illnesses or injuries, and, those who do, hesitate rather because of hospital expenses, than from other reasons.

(d) Even though citizens be willing to be sent to hospitals, that fact does not lessen their unhappiness when the calamitous hospital bills or reckonings for hospital services rendered, are submitted to them for payment.

(e) As a consequence, it is not surprising that thousands of citizens have come to the conclusion that something is radically wrong in medical practice, making them willing to lend kindly ears to proposals whereby the unforeseen and heavy hospital expenses, so often incident to medical care, may be minimized or entirely done away with.

Thus it happens that socialized and state medicine secure disciples and advocates.

And it is just here that specious and other propagandists for idealistic, theoretical or leftist changes,—no matter what may be their motivating reasons—are able to become a real part of the problem, since they lay the foundation for plans whereby state (governmental) medicine, or so-

called socialized medicine, would enter and supplant medical practice as it has been evolved and carried on in the United States.

* * *

Unhappiness Results from High but Natural and Unpreventable Hospitalization Costs.—

If what has been above stated be true, it is logical to assume that citizens are not unhappy with the quality of medical care given in hospitals: but rather, are much dissatisfied with the expenses resulting from such service.

Families of physicians are no exception to this reaction, because medical men have no more relish for hospital expenses than their lay brethren; even though they can better appreciate than lay persons, why hospital expenses are what they are, and how little possibility there is of bringing maintenance costs of such institutions to a lower level—that is, to a level so moderate, that expense of hospital care would approximate those of home care, with members of the family or practical nurses giving care to the patient.

* * *

Hospital Costs Are Analogous to Costs in First Class Hotels, plus Additional Costs for Special and Extra Equipment and Personnel Made Available.—What has been above stated is not intended to insinuate in relation to services rendered, that hospital expenses are excessive or extortionate. On the contrary, it is believed that hospital management in America has made a splendid record for efficiency. The wonder is, when all things are considered, not that the costs of hospitalization are as high as they are, but rather, that it is possible in most hospitals, to do as much as is done, for the money that is received in payment from patients.

It is unfortunate that so many citizens seem to think, because they are unfortunate enough to be ill, even though they may have needed and wanted hospitalization care, that the hospitals should charge little or nothing for the services they have rendered! (We see here the relation to the impression held for many years by some persons, that a physician is a servant of the people, to be available day or night, seven days in the week, even when there is no honest endeavor or even intention, to pay for services that may have been rendered.)

Very few hospitals have endowment or other funds that make it possible for them to accept patients belonging to different income classes, without asking return compensation.

Hospitals have arisen in all portions of the United States, in response to modern-day needs and trends. It must be remembered, however, as already stated, that hospitals in one sense, are only hotels whose clients are sick and injured citizens.

All the expenses incident to hotels apply therefore in good part to hospitals, plus many more that could be mentioned, incident to specialized equipment and personnel needed for the proper care of individuals who are more or less incapacitated by illness or injury.

The Solution of the Problem of High but Necessary Hospital Costs Is Found in Prepayment Voluntary Insurance Coverage.—

Having established the fact that modern-day medical care comprehends inclusion of hospital treatment and that such hospitalization is expensive—so much so that its utilization can and at times does bankrupt family groups, the question arises:—Is there no method whereby this unforeseen but necessary expense can be covered, so that its untoward and deplorable financial consequences to many families may be ameliorated or done away with?

Fortunately, here the answer can be in the affirmative.

Yes, through the application of the *prepayment insurance principle*—if a sufficient number of citizens align themselves in the mass effort—it is possible for citizens—inclusive of even the low income groups—at comparatively small cost, to protect themselves against the hazards of unforeseen hospital costs—just as they in similar manner and for like reason, protect themselves and their homes against fire loss, their automobiles from accident expenses, and so on.

That such hospital coverage is not an idle dream, but a realization readily accepted by the public, is amply shown in the phenomenal growth in the last few years of the Blue Cross Hospitalization plans that are now operative in almost all states of the Union.

Think of it—starting about the year 1937, in a small mutual school teachers' experiment at Dallas, Texas, this movement has now grown until today, more than 18 million citizens of the United States carry Blue Cross hospitalization protection!

(For recent articles in CALIFORNIA AND WESTERN MEDICINE, dealing with Hospital and Blue Cross development, see in following issues: July, 1945, p. 38 and 45; August, 1945, pp. 88 and 92; September, 1945, pp. 143 and 144.)

In California, three Blue Cross Hospitalization groups are successfully carrying on their respective work. The Association of California Hospitals has plans under way to combine their efforts for even greater results.*

* * *

Acceptance of Hospitalization Coverage Is the Foundation and Forestructure of Medical Service Coverage.—

A scanning or perusal of those references, with reflection on the significance of the figures presented, and the almost startling nature of pre-payment hospitalization growth should convince skeptical readers that hundreds of thousands of American citizens have accepted hospitalization insurance coverage, just as in past years, they have turned to protection against fire, automobile and other like hazards, in which mass union and coöperation was necessary in order to bring into play, protection of the person who may suffer an individual loss.

* For other comment, see in current issue of CALIFORNIA AND WESTERN MEDICINE, on page 181 (Minutes, Item 2).

The way to best combat "compulsory sickness insurance" (compulsory governmental and state medicine insurance) is to prove that *voluntary hospitalization and medical coverage* is not only acceptable, but preferred and used by the majority of citizens. That objective can be attained if physicians everywhere will give wholehearted support to non-profit hospitalization and medical coverage plans exemplified by Blue Cross and California Physicians' Service.

COUNTY MEDICAL ASSOCIATION BULLETINS OF CALIFORNIA

California Medical Association Is Proud of Bulletins of Its County Medical Societies.—During the last several years the larger component county units of the California Medical Association, and in particular, Los Angeles, San Francisco, Alameda, Santa Clara and San Diego, have been printing *Bulletins*; in fact, on occasions, of such size as to be classed as small medical journals.

In the August issue of CALIFORNIA AND WESTERN MEDICINE mention was made of the latest addition to this group of county publications; namely, *The Bulletin of the Alameda County Medical Association*.

If it were possible to permit every member of the California Medical Association to receive at least once each year a copy of the respective *Bulletins*, we are certain their perusal would be provocative of increased interest in organized medicine.

The Bulletin of the Los Angeles County Medical Association is the largest of the group and is the source of a very considerable annual income to that component county society.

Each of the *Bulletins* presents from month to month information of much importance to local members, and in addition, the editors of the respective publications are generous in their consideration of problems confronting organized and scientific medicine. The wholehearted service rendered by the Publication Committees of these *County Bulletins* is worthy of praise, and the Editorial Board of CALIFORNIA AND WESTERN MEDICINE esteems it a privilege to call the attention of members of the California Medical Association to the services that are so rendered.

Good wishes are extended to these publications and also to the editors of the mimeographed and other *Bulletins* supported by others of the component county medical units of the C.M.A. Good wishes to each and all of them.

AMERICAN MEDICAL ASSOCIATION MEMBERSHIP STATISTICS

California Leads All States in Percentage of J.A.M.A. Subscriptions.—In its issue of September 29, 1945, the *Journal of the American Medical Association*, commencing on page 360, prints items from the report of the A.M.A. Board of Trustees. In Table 1 on "Approximate Count of Fellows and Subscribers on the *Journal Mail-*

ing List January 1, 1945," statistics are given for the various states.

California is credited not only with 4,741 Fellows (Fellows of the A.M.A. are members of the state medical associations who subscribe in advance for the *J.A.M.A.*, and apply at the same time through a state medical association office for A.M.A. Fellowship), but also with 4,475 subscribers, making a grand total of 9,216 A.M.A. Fellows and *J.A.M.A.* subscribers for California. New York, of course, has a larger number, but Pennsylvania has a total of only 8,367; Illinois, 7,023; Ohio, 4,774.

Table 2 dealing with "Percentage of Physicians Receiving the *Journal of the A.M.A.*" based upon number of physicians credited with residence in California according to the 17th Edition of the A.M.A. *Directory*, gives California a total of 9,216 resident California physicians who receive the *J.A.M.A.*, and a total of 12,365 physicians credited with residence in California, thus making the approximate percentage of California physicians who receive the *J.A.M.A.*, 75 per cent.

This is the highest percentage recorded for any one of the states of the Union! The next highest percentage is credited to Utah with 72 per cent, followed by New York, with 65 per cent, Maryland with 64 per cent, then by Arizona and Nevada with 63 per cent, and Pennsylvania with 62 per cent. Massachusetts is given 53 per cent.

Not so bad for the "Wild and Woolly West"?

* * *

A.M.A. Library Report.—Concerning the work of the A.M.A. Library, at 535 North Dearborn, Chicago, the following information is given.

A.M.A. Library

Requests for the loan of 10,836 periodicals were received and filled by the Library of the American Medical Association in 1944. The requests came from physicians in military service in this country and overseas and from civilian physicians in each of the forty-eight states. Chicago libraries also availed themselves of the service to a considerable extent, the American College of Surgeons having had the loan of 498 periodicals, the Medical Library of Northwestern University School of Medicine 172, the John Crerar Medical Library 338 and the University of Illinois School of Medicine 45. Periodicals and miscellaneous medical reprints were lent to 291 physicians serving with the armed forces.

About 2,000 package libraries were lent during the year. Approximately one-fourth of the requests for this service came from physicians in the various military services of the United States.

The subjects most frequently requested during the year were the Rh factor; penicillin; military medicine, including various phases of tropical medicine, aviation medicine, burns and malaria; blood pressure; sulfonamides; anesthesia, and blood transfusion.

Approximately 200 requests were received from physicians overseas, who stated that they were desperately in need of material on certain subjects. Miscellaneous reference questions numbering 4,500 were answered by letter and telephone.

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Why Not Similar Reports from California Libraries?—It would be interesting if similar reports along analogous lines could be sent to the OFFICIAL JOURNAL of the California Medical Association by the Lane Library of Stanford University, University of California Medical Library, and the Library of the Los Angeles County Medical Association.